

CHORNOBYL CHILDHOOD ILLNESS PROGRAM

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Fourteenth Quarterly Report
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Submitted to:

Olena Radziyevska, M.D.
Project Officer

Ms. Alina Yurova
Project Assistant

USAID
Kyiv, Ukraine

Submitted by:

Medical Service Corporation International
1716 Wilson Blvd.
Arlington, VA 22209

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INTRODUCTION

The purpose of this Quarterly Report is to advise USAID on the progress of the Chernobyl Childhood Illness Program (CCIP) during the period August 13, 2001 - November 12, 2001. This Report will provide a review of the activities related to the Objectives, Activities and Indicators of Outcome that were presented in the CCIP's Third Year Implementation Plan and Revised Request for a No-Cost Extension.

1.0 INSTITUTIONAL ACTIVITIES THAT SUPPORT BOTH PROJECT COMPONENTS

1.1 Establish Ukrainian American Health Centers

As of November 2001, all five Ukrainian American Health Centers (UAHC) have been established and are fully operational. The fifth UAHC has received its equipment and has started to screen children in Kyiv Oblast.

The Kiev UAHC, through its Director Professor Anatoly Cheban, will provide in-country technical support to the CCIP as well as quality control of screening data collected by the five UAHCs. In addition, it is planned that the fifth mobile unit will visit Slavutych to screen at-risk children living in that city and to obtain screening information on a comparison group whose families moved to the contaminated area after the disaster.

1.2 Finalize Relationship with the Ministry of Health

This task has been completed with the signing of a Memorandum of Understanding (MOU).

1.3 Finalize the CCIP Policies and Procedures Manual

Although this task has been completed and the Manual translated into Ukrainian, the Manual is a document that is revised and updated as required. For example, we plan to incorporate a quality control protocol in the Manual as soon as it is finalized (see Section 2.6 below).

1.4 Expand Information Activities Through School Health Programs.

There was no activity under this component during the quarter. Dr. William Schwartz and his colleagues, Drs. Postipovov and Vololovets, Professors of Pediatrics from Kyiv Medical University, will continue to work with school health officials to provide instruction on techniques for recognizing health and psychosomatic problems among school children that may be associated with post-Chernobyl psychosocial trauma.

1.5 Increase Public Awareness about Thyroid Cancer and Psychosocial Effects in Chernobyl Victims and the Need for Screening Children

The objective of the Public Awareness Campaign is to disseminate information about the CCIP Program and to encourage citizens' participation in the thyroid screening program.

The Public Awareness Brochure which was finalized and approved by USAID last year, continues to be distributed at relevant oblast events and through the schools, local sanatoriums, the Ukrainian-American Health Centers, and the mobile screening teams.

The CCIP video, developed in cooperation with the Ukrainian television company "Studio Plus," was also reviewed and approved by USAID. The video has been distributed to the five UAHCs as well as to local oblast television stations. The video is available for public viewing at the Ukrainian-American Health Centers.

1.6 CCIP Management and Sustainability Conference

Although no date has been set, the third CCIP Sustainability Meeting is tentatively scheduled for late winter or early spring of 2002. Only the five Directors and key members from their staff will attend so that they can focus primarily on sustainability issues. Several of the CCIP American team members will attend and we also plan to invite Ms. Lyuba Palyvoda from Counterpart Alliance.

CCIP with assistance from Ms. Palyvoda will continue to work with the UAHC Directors to help them develop an NGO in each of the participating UAHCs. We are focusing on NGO registration, organizational development and fund raising. The proposed Sustainability Meeting will be held in a "workshop" environment so that oblast participants can obtain one-on-one practical experience.

1.7 Attendance at an International Conference

The CCIP was asked to present a paper at the Fifth Annual Scientific and Practical Conference entitled "**2001: International Cooperation in Chernobyl**" held in Slavutych, Ukraine, September 12 - 14, 2001. Dr. George Contis agreed to present a paper and his abstract entitled "**The Health Aftereffects on Children Exposed to Chernobyl Radiation Fallout**" was accepted. Dr. Contis was unable to attend the Conference, but Dr. Irina Grishayeva presented the paper on his behalf.

2.0 THYROID CANCER COMPONENT: IMPROVE THE DIAGNOSIS AND MANAGEMENT OF THYROID CANCER

2.1 Define the Size and Location of the Target Population at Risk

The size and location of the target population at risk have been identified with the assistance of the GOU's Ministries of Emergencies and Health. Data continue to be provided by each Oblast Health Administration Office on the names of the victims exposed to nuclear contamination, and the name and location of the raion schools, clinics and summer camps where the screening will occur. Based on this information, the Director of each UAHC prepares the schedules for the mobile team screening visits. CCIP's Deputy Director continues to work closely with the UAHC secretaries to ensure that the scheduling process is effective. Scheduling sites so that there is minimal time spent in driving from one screening location to the next is an important aspect of CCIP's scheduling policy.

2.2 Implement the Screening Program for Thyroid Cancer

One of the most important accomplishments of the CCIP for this reporting quarter is the continued increase in the number of children screened. As of November 16, 2001, a total of **82,012** children have been screened by ultrasound and **81,129** by the Children's Depression Inventory (CDI) in the five target oblasts. A summary of screening activity to date is provided in Table One.

TABLE 1: SUMMARY OF CCIP OBLAST SCREENING ACTIVITIES

OBLAST	TOTAL SCREENED: THYROID	THYROID ABNORMALITIES IDENTIFIED	TOTAL SCREENED: PSYCHOSOCIAL	PSYCHOSOCIAL ABNORMALITIES IDENTIFIED
VOLYN	23,710	2,963 (12.5%)	23,190	2,639 (11.4%)
RIVNE	18,592	999 (5.4%)	18,232	3,850 (21.1%)
CHERKASS Y	17,125	977 (5.7%)	17,125	2,226 (13.0%)
ZHYTOMYR	21,972	1,519 (6.9%)	21,971	2,251 (10.3%)
KIEV	613	292 (47.6%)	611	130 (21.3%)
TOTAL	82,012	6,750 (8.2%)	81,129	11,096 (13.7%)

To date, four children (one each from Cherkassy and Volyn Oblasts, and two from Rivne Oblast) have been found to have thyroid cancer. The fourth child from Rivne was attending a summer camp when he was diagnosed with thyroid cancer. His home, however, is outside of the targeted raions in Rivne Oblast. The value of thyroid screening with ultrasound at summer camps for the high risk population is underscored by the detection of thyroid cancer in this adolescent boy.

The percentage of children with benign and malignant abnormalities is consistent with the percentage reported from radiation contaminated areas in other countries. The incidence of four children with thyroid cancer among 82,012 (1:20,503) screened is considerably higher than the 1:1-2 million incidence among populations not exposed to nuclear fallout.

Table 2 shows the number of thyroid abnormalities identified. The thyroid is considered abnormal when an ultrasound image shows a solitary thyroid nodule, multiple thyroid nodules, or other deformities such as diffuse enlargement, absent lobe, ectopic location of the thyroid or unusual shape of the gland.

Of particular interest to the CCIP is the number of children with single and multiple nodules. Endocrinologists have recently suggested that these lesions may be precancerous. For this reason, we believe that all children we have screened who have been found to have nodules will require periodic screening for the rest of their lives. This finding will have important implications not only for the adolescents involved, but also for the individual Oblast Health Administrations and the Ukrainian Government as well. CCIP staff plan to discuss how this problem can be addressed when it meets with USAID/Kiev and UAHC staff in December 2001.

TABLE 2: SUMMARY OF CHILDREN WITH THYROID ABNORMALITIES

OBLAST	NUMBER WITH SOLITARY NODULES	NUMBER WITH MULTIPLE NODULES	NUMBER WITH OTHER THYROID ABNORMALITIES
VOLYN	232	149	2,582
RIVNE	534	183	282
CHERKASSY	361	50	566
ZHYTOMYR	233	114	1,172
KIEV	8	5	279
TOTAL	1368	501	4,881

Please note that the difference between the children with abnormalities in Table 2 and the total number of abnormalities in Table 1 is due to a number of children having both a single nodule or multiple nodules, plus another thyroid abnormality.

2.2.1 Provide Ultrasonography Training for Physicians

The mobile team ultrasonographers have been trained on the Hitachi ultrasound machines purchased for the CCIP. During his visits to Ukraine, Dr. Thomas Foley continues to work with the physicians at each UAHC to ensure that the data collected are standardized across the five oblasts. His next trip is planned for late November 2001.

As Dr. Cheban is now part of the CCIP, he and his ultrasonographers will implement CCIP's Quality Control Program to ensure that screening and data collection is maintained in all five UAHCs. (See Section 2.6 below).

2.2.2 Finalize Data Formats and Patient ID Numbering System

The data entry forms and the CCIP database for tracking the children screened were finalized last year and are now being used in all five oblasts.

2.2.3 Purchase Vans, Office Equipment and Ultrasound Equipment for the UAHCs.

The equipment for the fifth mobile team has been purchased and all equipment has been cleared from Ukraine Customs. This equipment is now located in Kiev at the Kiev City Public Organization for Assistance to National Health Reservation of Ukraine, under the supervision of Dr. Anatoly Cheban.

2.3 Strengthen the Referral System for Patients with Thyroid Cancer

Referral forms for the thyroid and psychosocial components were amended last year and are now being used by the mobile screening units in all oblasts.

Referral reports are now being prepared by each UAHC secretary and collated by our CCIP Computer Specialist and Administrative Assistant in Kiev. Each report contains the names of the referred child, the type of referral made, and the raion or oblast health organization to which the child was referred. It is the responsibility of the UAHC secretary to contact the family, or if direct family contact is not possible, to contact the appropriate school officials to determine whether the child and family followed through with the referral. The referral report also contains information on the diagnostic and/or therapeutic assistance provided by the health institution. We are monitoring whether the child and family received financial assistance for travel costs associated with the referral. We have also begun to provide a small financial incentive to the referral physician (endocrinologist) and/or psychologist for each child seen for a referral examination.

Compliance with the referral requests has been low, reportedly because parents can not afford the transportation costs. How this problem can be addressed will be discussed with USAID/Kiev and the UAHC Directors by Drs. Contis and Foley during their planned visit in November/December 2001.

2.4 Strengthen the Thyroid Cancer Registry

After the screening programs were operational in each oblast, we expected to hire a short-term data management and network communication advisor to evaluate the existing Thyroid Cancer and Screening Database at the IEM. Our intent was to refine and expand the existing Thyroid Cancer Registry for Ukraine. Now that the MOU with the Institute of Endocrinology

and Metabolism has been cancelled (see Section 1.2 of the Second Annual Report), we have postponed this task until we discuss with the MOH our options regarding Ukraine's Cancer Registry.

2.5 Reevaluate and Modify the Disease Management Protocol

Dr. Foley prepared the algorithms for the management of thyroid cancer and other thyroid diseases which the screening teams will encounter. These algorithms were incorporated into the Policies and Procedures Manual, discussed with the oblast endocrinologists during the March 2000 CCIP Management Conference, and are currently being used by all screening teams.

2.6 Develop a Quality Control (QC) Program to Ensure Standardization of Thyroid Screening Examinations.

Drs. Foley and Contis have discussed the problems of uniformity and standardization of thyroid screening examinations with the five UAHC Directors, especially Dr. Cheban. They have developed a draft protocol which will place major responsibility for evaluating abnormal ultrasound images in the fifth UAHC (Kiev Oblast). This protocol is currently being circulated among the five UAHC Directors and will be finalized in December 2001. The QC Program will begin immediately thereafter.

3.0 PSYCHOSOCIAL ILLNESS COMPONENT: IMPROVE THE DIAGNOSIS AND MANAGEMENT OF PSYCHOSOCIAL PROBLEMS

3.1 Strengthen the Psychosocial Institutions at the Central Level

3.1.1 Continue Working with the Medical University of Kyiv to Provide Training for School Health Officials and to Modify Training Materials

As mentioned in Section 1.4, Dr William Schwartz continues to oversee the training program and modification of training materials to improve the ability of school health officials to identify problems related to thyroid disease. We anticipate that he will supervise one additional follow-up training session during the fourth year of the Program

3.1.2 Continue Psychosocial Screening Program Using the Childhood Depression Inventory (CDI) as the Primary Screening Tool for Children in Target Oblasts.

The use of the Children's Depression Inventory (CDI) continues to be an integral part of CCIP's psychosocial screening program and its holistic approach to the child victims of Chornobyl. The psychosocial workers who use the CDI have found this form easy to work with and simple to analyze. Based on the results of the CDI, as well as one-on-one interviews with children by the mobile team psychologists, children with depression are referred to local institutions. In addition, the mobile team psychologists provide immediate crisis intervention counseling to children found to have moderate to severe depression. While crisis intervention was not part of CCIP's initial program design, we have now realized that counseling during the screening process is one of the CCIP's most valuable support activities provided to the children at risk.

The psychosocial screening program continues in all five oblasts (the results are summarized in Table 1 above). As the data show, approximately **11,09624** or 13.76 percent of all children examined are found to be suffering from depression. Of this number, 9,546 or 11.8 percent have been referred to local psychologists and school psychologists/physicians for further diagnosis and treatment. With the addition of a third psychologist to each mobile team last summer, the gap between the numbers screened for thyroid abnormalities and psychosocial abnormalities has diminished.

Dr. Arthur Pressley (Drew University) will return to Ukraine in December, 2001. During this visit, one of his tasks will be to work with CCIP's Dr. Irina Grishayeva in analyzing the results of the CDI exams. He will also meet with the mobile screening psychologists to provide reinforcement training. The focus of his visit, however, will be to train community leaders, local professionals working with children, and school personnel so that they may augment mental health services to rural communities. Dr. Pressley's July training session established the groundwork for this aspect of the Psychosocial Illness Component. Dr. Irina Grishayeva and Dr. Pressley will continue to work with these individuals during the remainder of the CCIP to ensure they are able to pursue the goals of the program after funding for the CCIP ends.

3.1.3 Identify Oblast and National Centers to Which Children with Psychosocial Problems Can Be Referred. Integrate These Centers Within the Referral System for Child Victims of Chornobyl

In light of the large number of children who on screening are found to suffer from depression, CCIP, in collaboration with their Ukrainian colleagues, has identified several centers where the children with psychosocial disorders may be referred. Children are initially referred to the raion level psychological centers. For more complex problems, referrals are made to the oblast psychosocial centers, depending on individual needs.

As mentioned in Section 2.3 above, we are using our computerized referral reporting system to monitor referrals made by the mobile teams. As mentioned in previous reports, one problem which we have encountered is the stigma associated with psychosocial disease. We have also been told that the children are reluctant to tell their parents about their depression because they fear they may not be allowed to seek professional help. These factors may be keeping children from obtaining follow-up care from a local psychologist. As a result, we are closely monitoring the consultant reports coming in from psychologists to whom our teams are referring children with psychosocial problems.

3.1.4 Integrate the Psychosocial Screening Database with the Thyroid Screening Database

The psychosocial screening database was successfully integrated with the thyroid screening database during Year Two.

3.1.5 Psychosocial Training Programs During This Quarter

Drs. Robert Chazin and Meredith Hanson from Fordham University presented an advanced training seminar to reinforce previous psychosocial training programs for professionals from the four target oblasts (school psychologists and other education professionals). The focus was on treating depression in adolescents. The seminar was held in Zhytomyr October 28 - November 2, 2001.

An updated Training Summary Table is Attachment One of this Report.

3.2 Initiate and Introduce Democratic Community Psychology

We have begun to rework the "Democratic Community Psychology" training program. As mentioned above, Dr. Arthur Pressley will work with a group of lay professionals and community leaders from the four target oblasts during December 2001 with an additional trip planned for early 2002. It is anticipated that these lay people will become the first contact for depressed children in their communities. We believe this concept is important for the sustainability of the psychosocial component of the CCIP. Therefore, we will continue to provide reinforcement training to local representatives from each oblast to ensure that they, in turn, can work with and train leaders from local communities to offer initial counseling and support to children experiencing depression.

4.0 ADMINISTRATIVE ISSUES

4.1 Visits to Ukraine by CCIP Team Members.

Drs. Thomas Foley from the University of Pittsburgh and George Contis from MSCI will visit Ukraine during November 28 - December 6, 2001. A number of operational and administrative issues will be discussed with CCIP staff and UAHC Directors, and Program issues will be discussed with USAID.

ATTACHMENT ONE: SUMMARY OF TRAINING SEMINARS

DATE	OBLAST	TOPIC	NUMBER OF TRAINEES	TRAINEE PROFILE	TRAINERS
February 15 – 26, 1999	Kyiv	Thyroid gland pathologies	2	Ultrasonographers from Volyn Oblast	Institute of Endocrinology staff
March 24-28, 1999	Volyn	Treating post traumatic stress disorder (PTSD): coping with catastrophe; the nature of technological disasters; ordinary, chronic and traumatic stress; anxiety and depression; secondary traumatic stress and self-care for professionals; community development; mental health promotion	25	UNESCO Community Development Staff	M. Christensen, A. Pressley (Drew University) I. Grishayeva (CCIP)
March 29-April 4, 1999	Volyn	Basic training in mental health promotion: personal warmth, active listening, empathetic response, how to recognize mental illness, to whom to refer children	25	Ukraine Red Cross Staff	M. Christensen, A. Pressley (Drew University) I. Grishayeva (CCIP)
May 17 – 21, 1999	Volyn	Counseling of children and families	37	School psychologists	R. Chazin, M. Hanson, C. Cohen (Fordham University) I. Grishayeva (CCIP)
July 1 – 2, 1999	Kyiv	Screening referral and counseling of children with depression; personality theory; psychopathology; personality assessment; clinical supervision	18	Clinical psychologists	A. Pressley (Drew University) I. Grishayeva (CCIP)
July 5 – 9, 1999	Rivne	Screening and referral, basic skills in counseling, crisis intervention, suicide prevention, support groups	29	Social Services for Youth Staff	A. Pressley (Drew University) I. Grishayeva (CCIP)
September 6 – 7, 1999	Volyn	CCIP Management Conference	50	UAHC Staff and mobile screening teams	
September 26 – 30, 1999	Zhytomyr	Counseling theory and practice, group work, case management	32	Follow-up training for UNESCO Community Development Staff	M. Christensen, A. Pressley (Drew University) I. Grishayeva (CCIP)
October 1 – 5, 1999	Zhytomyr	The art of mental health promotion, group work, working with drug addicts	14	NGO leaders	M. Christensen, A. Pressley (Drew University) I. Grishayeva (CCIP)
October 19-20, 1999	Volyn	Techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough and fatigue	35	School physicians and school health officials	A. Volosevets, S. Krivopostov (National Medical University) W. Schwartz (Children's Hospital of Philadelphia)

November 1 – 5, 1999	Cherkassy	Counseling of children and families	41	School psychologists	R. Chazin, M. Hanson, C. Cohen (Fordham University) I. Grishayeva (CCIP)
February 9 – 12, 2000	Rivne	Counseling children and adolescents, children and cancer, child abuse and domestic violence, play therapy and young children, substance abuse, screening children for depression, group counseling	37	Sanatorium psychologists and UAHC mobile psychologists from four target oblasts	A. Pressley (Drew University) I. Grishayeva (CCIP)
February 14 – 18, 2000	Rivne	Counseling of children and families	45	School psychologists	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
February 20 – 25, 2000	Cherkassy	The art of mental health promotion	37	Social Service for Youth Centers Staff	M. Christensen (Drew University) I. Grishayeva (CCIP)
March 11 – 15, 2000	Zhytomyr	Family systems theory and its application to family therapy and relationship consultation	37	Social Service for Youth Centers staff	W. Presnell (Drew University) I. Grishayeva (CCIP)
March 15 – 17, 2000	Rivne	CCIP Management Conference	50	UAHC Staff and mobile screening teams	
April 5 – 6, 2000	Rivne	Techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough, common renal problems, anemia and fatigue	70	School physicians and school health officials	A. Volosevets, S. Postipovov (National Medical University) W. Schwartz, M. Norman (Children's Hospital of Philadelphia)
April 7 – 8, 2000	Zhytomyr	Techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough, common renal problems, anemia and fatigue	80	School physicians and school health officials	A. Volosevets, S. Postipovov (National Medical University) W. Schwartz, M. Norman (Children's Hospital of Philadelphia)
May 23- 25, 2000	Koristan	Advanced counseling theory and practice, group work, case management	25	UNESCO Community Development Staff	Michael Christensen (Drew University)
May 27 - 31, 2000	Zhytomyr	Advanced counseling techniques related to children, trauma, and community mental health promotion	30	Mobile psychologists and paraprofessionals from the local communities	M. Christensen, A. Pressley (Drew University), I. Grishayeva (CCIP)
June 12 - 16, 2000	Zhytomyr	Counseling of children and families	40	School psychologists and mobile psychologists	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
July 10 - 14, 2000	Cherkassy	Advanced counseling techniques related to children, trauma, and community mental health promotion	30	Mobile team psychologists and paraprofessionals from the local communities and sanatoriums	A. Pressley (Drew University), I. Grishayeva (CCIP)

October 5 - 8, 2000	Cherkassy	Marriage and family therapy. Topics included substance abuse, neurological disorders, and speech problems with young children.	36	Psychologists and professionals from local communities and sanatoriums	A. Pressley (Drew University), I. Grishayeva (CCIP)
October 9-10, 2000	Zhytomyr	Data analysis and presentation techniques.	18	Mobile Team psychologists	A. Pressley (Drew University), I. Grishayeva (CCIP)
October 10 -12, 2000	Zhytomyr	CCIP Management and Sustainability Conference.	50	UAHC and mobile screening team staff	
October 13, 2000	Zhytomyr	Advanced techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough, common renal problems, anemia and fatigue.	50	School physicians and school health officials	A. Volosevets, S. Postipovov (National Medical University) W. Schwartz, (Children's Hospital of Philadelphia), T. Foley (University of Pittsburgh)
October 16 - 17, 2000	Cherkassy	Advanced techniques on how to recognize problems among school children that may be associated with post-Chornobyl psychosocial trauma including abdominal pain, headache, cough, common renal problems, anemia and fatigue.	45	School physicians and school health officials	A. Volosevets, S. Postipovov (National Medical University) W. Schwartz, (Children's Hospital of Philadelphia), T. Foley (University of Pittsburgh)
October 30 - November 3, 2000	Zhytomyr	Advanced counseling techniques related to children	35	School teachers and officials, social workers, and psychologists	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
April 26 - 27, 2001	Kiev	CCIP Management and Sustainability Conference.	10	UAHC Directors, Secretaries and CCIP Kiev Staff	
June 10 - 14, 2001	Zhytomyr	Brief Treatment for Depressed Adolescents	35	Health Professions from the four Oblasts	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
July 2 - 6, 2001	Zhytomyr	Training of Community Leaders so that they may Provide Mental Health Services to Rural Areas	30	Community Leaders	A. Pressley (Drew University), I. Grishayeva (CCIP)
July 7 - 9, 2001	Kiev	Reinforcement Training for Mobile Psychologists	20	Mobile Screening Psychologist	A. Pressley (Drew University), I. Grishayeva (CCIP)
October 28 - November 3, 2001	Zhytomyr	Advanced Training for Treating Depression in Adolescents.	35	School Psychologists and Other Health Professionals	R. Chazin, M. Hanson (Fordham University) I. Grishayeva (CCIP)
		Total	1,153		